

Prescription Drug Copay Assistance Program

Determine what tier your drug is on

The Prescription Drug Formulary can be found on lghip.org. The formulary lists all drugs and their tier. The Local Government Health Insurance Plan allows coupons to be used for tier 2, tier 3, and tier 4 drugs. For tier 2 and tier 3 preferred and non-preferred brand drugs, the member pays 100% of the cost of the drug at the point of sale and files for 80% reimbursement. For tier 4 drugs, the member pays 20% of the cost of the drug at the point of sale. Tier 4 drugs are not eligible for reimbursement.

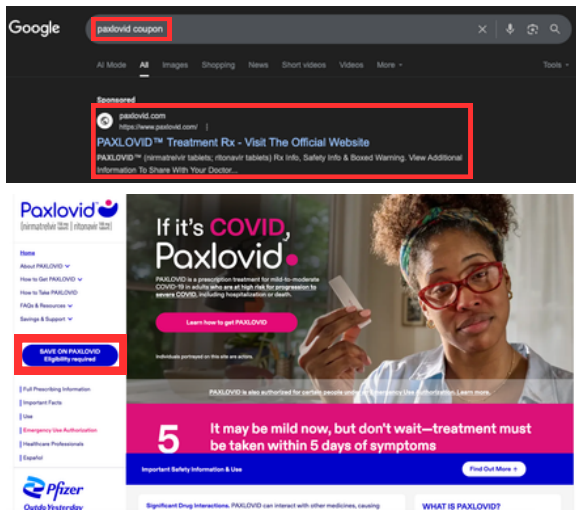
PAXLOVID - nirmatrelvir tab 6 x 150 mg & ritonavir tab 5 x 100 mg pak	2
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	2
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	2

Note: The amount covered by a coupon is not eligible for reimbursement if your drug is tier 2 or tier 3.

Search for a coupon

To find a coupon, open your search browser and type "medication name" + "coupon." Drug manufacturers may use the term "savings program", "copay card", or "patient assistance", etc. For example, to search for a Paxlovid coupon, search "Paxlovid coupon." Be sure to click on the actual drug or drug manufacturer website. On the Paxlovid website, click "Request Copay Card."

Note: Not all drugs have a coupon available.

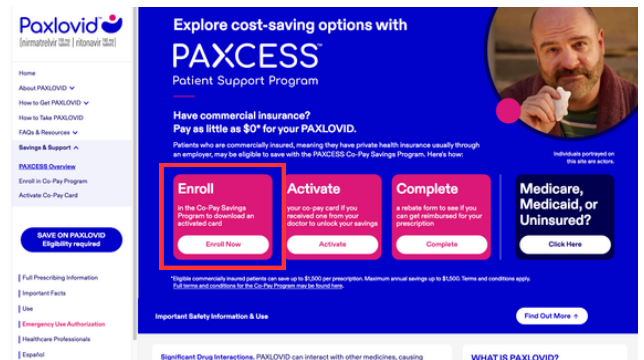


Fill out the coupon form

Complete the form on the drug's website using your personal information.

When asked about prescription drug insurance, choose the option that states "employer-sponsored" or "private health plan".

Local Gov is not government-funded health insurance like Medicare or Medicaid.



Save or print your coupon.

Print your coupon and present to your pharmacy to receive the coupon price.

Coupons do expire. Check the expiration date on your card and reapply for a new coupon card if it is expired.



Common Drugs

WITH AVAILABLE COUPONS/SAVINGS CARDS

- Eliquis
- Xofluza
- Repatha
- Nurtec
- Xarelto
- Vraylar
- Breztri
- Paxlovid
- Quilpta
- Ubrelvy
- Trelegy
- Mounjaro
- Ozempic
- Farxiga
- Jardiance

FlexAccess Program

The FlexAccess program is designed to help you save money on *certain specialty medications* by obtaining copay assistance from drug manufacturers when available. Once you start receiving the manufacturer-funded copay assistance through the FlexAccess program, your copay will be between \$0-\$35 per eligible prescription. *If you receive a bill for an amount greater than \$35, please call the FlexAccess customer service number below.*

To enroll in the FlexAccess Program:

- Call FlexAccess at 888-302-3618, or
- Email member.services@flexaccessrx.com

If your medication is eligible, a FlexAccess Customer Representative will provide you with next steps to enroll with the manufacturer to obtain funding.

WHAT IS THE DMR PROGRAM?

The **Direct Member Reimbursement (DMR) program** is for eligible Tier 2 and Tier 3 prescriptions. You will pay 100% out-of-pocket at the point-of-sale and then file for 80% reimbursement (subject to your \$200 deductible) with Prime Therapeutics.

Payments funded by manufacturer programs are not eligible for the DMR program.

HOW TO SUBMIT A DMR CLAIM:

- Online reimbursement via myprime.com
- Mail reimbursement form to:
Prime Therapeutics LLC
P.O. Box 25188
Lehigh Valley, PA 18002-5188

WHAT YOU NEED TO SUBMIT A CLAIM:

- Pharmacy receipt
- Cash register receipt

Average turnaround time for reimbursement:

7-10 business days

if submitted electronically

Pharmacy Receipt Example:

Community Pharmacy

Smith, John
DOB: 01/1985

Counsel - Prescription Schedule

Prescription Information

MEDICATION NAME HERE

Take 1 tablet twice a day

Receipt & Refill Information

RX 1234567

INSURANCE INFORMATION:
Prime Therapeutics
PAID: \$300.00

Retail Price: \$300.00

MEDICATION NAME
50 MG TAB

NDC: 12345-6789-10
QTY: 60

REFILLS: 1
PRESCRIBER: DR. SMITH
DATE SUPPLY: 30
DATE FILLED: 1/1/2025

AMOUNT DUE: \$100.00

Cash Register Receipt Example:

Community Pharmacy

123 MAIN STREET
MONTGOMERY, AL 36117
334-123-4567

1 MEDICATION NAME	\$100.00
SUBTOTAL	\$100.00
TAX	\$10.00
TOTAL	\$110.00

VISA XXXXXXXXXXXX6789

Thanks for shopping with us!

EXAMPLE OF THE PRESCRIPTION DRUG REIMBURSEMENT PROGRAM:

Month 1	<ul style="list-style-type: none"> • Member pays \$100 for prescription at pharmacy • Member submits for reimbursement • Prime processes reimbursement and applies \$100 to \$200 annual deductible
Month 2	<ul style="list-style-type: none"> • Member pays \$100 for prescription at pharmacy • Member submits for reimbursement • Prime processes reimbursement and applies \$100 to \$200 annual deductible • The \$200 annual deductible has now been met for this member
Month 3	<ul style="list-style-type: none"> • Member pays \$100 for prescription at pharmacy • Member submits for reimbursement • Prime processes reimbursement and pays 80% (\$80) to member

For example purposes only.

The deductible is shared between medical and prescription drug benefits. If the deductible is met on the medical side, it is also met on the prescription drug side, and vice versa.